

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	<i>RL</i>	<i>7231</i>	
O.I.P.E. CLASSIFIER			
FORMALITY REVIEW	<i>UUMS</i>	<i>68231</i>	<i>1-27-00</i>
RESPONSE FORMALITY REVIEW	<i>SS</i>	<i>69134</i>	<i>1-24-00</i>

### INDEX OF CLAIMS

✓ ..... Rejected      N ..... Non-elected  
 = ..... Allowed      I ..... Interference  
 - (Through numeral) ... Canceled      A ..... Appeal  
 + ..... Restricted      O ..... Objected

Claim	Final	Original	Date
1	✓		
2	✓		
3	✓		
4	✓		
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50	✓		

Claim	Final	Original	Date
51	✓		
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Claim	Final	Original	Date
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BEST AVAILABLE COPY

If more than 150 claims or 10 actions  
staple additional sheet here

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